



# **Copay Accumulator Language for 2019 Qualified Health Plans Individual Market**

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- California
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**March 22,  
2019**

# California 2019 QHPs

Plan	Copay Accumulator Language	Source
<b>Molina*</b>	<p>Cost-sharing for any prescription drugs obtained through the use of a discount card or coupon provided by a prescription drug manufacturer <b><u>will not apply toward any deductible or the out-of-pocket limit.</u></b></p> <p>Please note, Cost Sharing reduction for any prescription drugs obtained by You through <b>the use of a discount card or coupon provided by a prescription drug manufacturer, or any other form of prescription drug third-party Cost Sharing assistance, <u>will not apply toward any Deductible or the Annual Out-of-Pocket Maximum under Your Plan.</u></b></p>	<a href="#">Molina Healthcare of California: Summary of Benefits</a> (page 2 and 62 of 145 pages)
<b>Oscar*</b>	<p>Some specialty medications may qualify for third party copayment assistance programs which could lower your out-of-pocket costs for those products, subject to prior approval of Oscar. For any such specialty medication <b>where third party copayment assistance is used, the Member shall not receive credit toward their maximum out-of-pocket or deductible for any copayment or coinsurance amounts</b> that are applied to a manufacturer coupon or rebate. For further information as to third party copayment assistance programs approved by Oscar for certain specialty medications, please call Us at 1=855-OSCAR-55</p>	<a href="#">Oscar Silver: Summary of Benefits</a> (page 140 of 221 pages)

- Anthem, BlueShield of CA, CCHP Health Plan, Kaiser Permanente, Health Net, L.A. Care Health Plan, Sharp Health Plan, Valley Health Plan, and Western Health Advantage are health plans participating in the 2019 Covered California marketplace that are not implementing copay accumulators.
- \*Similar policies found in the following six states: Arizona, Florida, Michigan, Ohio, Tennessee, and Texas. Oscar plans are offered in New York and New Jersey but do not include copay accumulator policies

# District of Columbia 2019 QHPs

Plan	Copay Accumulator Language	Source
<b>Care First</b>	<p><b>The following amounts may not be used to satisfy the Benefit Period Deductible:</b></p> <ul style="list-style-type: none"> <li>Discounts, coupons, or other amounts from third parties, including manufacturer coupons and discount prescription card programs.</li> </ul> <p><b>The following amounts may not be used to satisfy the Benefit Period Out-of-Pocket Maximum:</b></p> <ul style="list-style-type: none"> <li>Discounts, coupons, or other amounts from third parties, including manufacturer coupons and discount prescription card programs.</li> </ul>	<p><u>CareFirst Summary of Benefits and Coverage</u> (page 111 and 112 of 163 pages)</p>
<ul style="list-style-type: none"> <li>Kaiser Permanente, is participating in the 2019 DC marketplace and is not implementing copay accumulators.</li> </ul>		

# Florida 2019 QHPs

Plan	Copay Accumulator Language	Source
<b>Ambetter*</b>	Cost sharing paid on your behalf for any prescription drugs obtained by you through the use of a drug discount, coupon, or copay card provided by a prescription drug manufacturer <b><u>will not apply toward your plan deductible or your maximum out of pocket.</u></b>	Ambetter Evidence of Coverage (page 49 of 86)
<b>Florida Blue</b>	We <b>reserve the right <u>not to apply</u></b> manufacturer or provider cost share assistance program payments (e.g., manufacturer cost share assistance, manufacturer discount plans, and/or manufacturer coupons) <b>to the Deductible or Out-of-Pocket maximums.</b>	FL Blue Schedule of Benefits (page 47 of 144)
<b>Florida Blue HMO</b>	We <b>reserve the right <u>not to apply</u></b> manufacturer or provider cost share assistance program payments (e.g., manufacturer cost share assistance, manufacturer discount plans, and/or manufacturer coupons) <b>to the Deductible or Out-of-Pocket maximums.</b>	<u>FL Blue Schedule of Benefits</u> (page 47 of 136)
<b>Health First</b>	<i>Based on communication with a Health First representative, they <b>can not guarantee that the copay card will count towards the member's deductible.</b> (11/6/18)</i>	

\*Similar policies found in the following 15 states: Arizona, Arkansas, Georgia, Illinois, Indiana, Kansas, Missouri, Mississippi, Nevada, New Hampshire, North Carolina, Ohio, Pennsylvania, Texas, and Washington. Ambetter plans are offered in Tennessee and South Carolina but do not include copay accumulator policies.

# Florida (cont.)

Plan	Copay Accumulator Language	Source
<b>Florida Health Care</b>	<p>The following <b><u>DO NOT apply to you[r]</u> Maximum Out-Of-Pocket expenses</b>: Drug Cost-sharing assistance through manufacturer discount plans, and/or manufacturer coupons.</p> <p>The following drug related costs <b><u>will not be applied to your plan's Maximum Out-Of-Pocket</u></b>: Drug Cost-sharing assistance through manufacturer discount plans, and/or manufacturer coupons. (e.g. manufacturer cost-sharing assistance, manufacturer discount plans, and/or manufacturer coupons)</p>	Florida Health Care Plans Certificate of Coverage (pages 17, 41, 122, and 134 of 161)
<b>Molina</b>	Coupons or any other form of third-party prescription drug cost-sharing assistance <b><u>will not apply toward any deductibles or annual out-of-pocket limit</u></b> .	Molina Summary of Benefits (page 2 of 7)
<b>Oscar</b>	<p>We <b><u>[p]reserve the right not to apply</u></b> manufacturer or provider cost share assistance program payments (e.g., manufacturer cost share assistance, manufacturer discount plans, and/or manufacturer coupons) <b>to the Deductible or Out-of-Pocket maximums</b>.</p> <p>Some specialty medications may qualify for third-party copayment assistance programs which could lower your out-of-pocket costs for those products, subject to prior approval of Oscar. For any such specialty medication where third-party copayment assistance is used, <b><u>You will not receive credit toward Your maximum Out-of-Pocket or Deductible</u></b> for any Copayment or Coinsurance amounts that are applied to a manufacturer coupon or rebate. For further information as to third-party copayment assistance programs approved by Oscar for certain specialty medications, please call Us at 1-855-OSCAR-88.</p>	Oscar Exclusive Provider Organization Policy (pages 44 and 75 of 151)

# Illinois 2019 QHPs

Plan	Copay Accumulator Language	Source
<b>Ambetter*</b>	Drug Discount, Coupon or Copay Card: Cost sharing paid on your behalf for any prescription drugs obtained by you through the use of a drug discount, coupon, or copay card provided by a prescription drug manufacturer <b><u>will not apply toward your plan deductible or your maximum out of pocket.</u></b>	<a href="#"><u>Ambetter Evidence of Coverage</u></a> (page 44 of 81 pages)
<b>BCBS*</b>	Pharmaceutical Manufacturer Discount Limitation: Benefits for prescription medications purchased with manufacturer discounts <b><u>may not be covered by Blue Cross and Blue Shield if other therapeutic alternative medications are available.</u></b>	<a href="#"><u>BCBS IL Policy Form</u></a> (page 42 of 97 pages)

- Cigna, Health Alliance, and Gundersen are health plans participating in the 2019 Illinois marketplace that are not implementing copay accumulators.

\*Similar policies found in the following 15 states: Arizona, Arkansas, Georgia, Florida, Indiana, Kansas, Missouri, Mississippi, Nevada, New Hampshire, North Carolina, Ohio, Pennsylvania, Texas, and Washington. Ambetter plans are offered in Tennessee and South Carolina but do not include copay accumulator policies

# Indiana 2019 QHPs

Plan	Copay Accumulator Language	Source
<b>Ambetter<sup>*</sup></b>	<b>Drug Discount, Coupon or Copay Card:</b> Cost sharing paid on your behalf for any prescription drugs obtained by you through the use of a drug discount, coupon, or copay card provided by a prescription drug manufacturer will not apply toward your plan deductible or your maximum out of pocket.	<a href="#"><u>Ambetter Evidence of Coverage</u></a> (page 48 of 80 pages)

- CareSource, is participating in the 2019 IN marketplace and is not implementing copay accumulators.

\*Similar policies found in the following 15 states: Arizona, Arkansas, Georgia, Florida, Illinois, Kansas, Missouri, Mississippi, Nevada, New Hampshire, North Carolina, Ohio, Pennsylvania, Texas, and Washington. Ambetter plans are offered in Tennessee and South Carolina but do not include copay accumulator policies

# Kentucky 2019 QHPs

Plan	Copay Accumulator Language	Source
<b>Anthem BCBS</b>	<p>If You participate in certain drug Cost-Share assistance programs offered by drug manufacturers or other third parties to reduce the Cost-Share (Copayment, Coinsurance) You pay for certain Specialty Drugs, <b>the reduced amount You pay <u>may be the amount We apply to Your Deductible and/or Out-of-Pocket Limit</u></b> when the Specialty Drug is provided by a Network Provider. Your eligibility to participate in such programs is dependent on the programs' applicable terms and conditions, which may be subject to change from time to time. We may discontinue applying such reduced amounts to Your Cost-Share at any given time.</p>	<p><a href="#">Anthem BCBS Evidence of Coverage</a> (page 51 of 122 pages)</p>



# Maryland 2019 QHPs

Plan	Copay Accumulator Language	Source
<b>Care First</b>	<p><b>The following amounts may not be used to satisfy the Benefit Period Deductible:</b></p> <ul style="list-style-type: none"> <li>Discounts, coupons, or other amounts from third parties, including manufacturer coupons and discount prescription card programs.</li> </ul> <p><b>The following amounts may not be used to satisfy the Benefit Period Out-of-Pocket Maximum:</b></p> <ul style="list-style-type: none"> <li>Discounts, coupons, or other amounts from third parties, including manufacturer coupons and discount prescription card programs.</li> </ul>	<p><u>CareFirst Summary of Benefits and Coverage</u> (page 134 and 135 of 192 pages)</p>


- Kaiser Permanente, is participating in the 2019 MD marketplace and is not implementing copay accumulators.

# Ohio 2019 QHPs

Plan	Copay Accumulator Language	Source
<b>Buckeye Community Health (Ambetter)</b>	Cost sharing paid on your behalf for any prescription drugs obtained by you through the use of a drug discount, coupon, or copay card provided by a prescription drug manufacturer <b><u>will not apply toward your plan deductible or your maximum out of pocket.</u></b>	Buckeye (Ambetter) Evidence of Coverage (page 49 of 82)
<b>Anthem BCBS</b>	If You participate in certain drug Cost-Share assistance programs offered by drug manufacturers or other third parties to reduce the Cost-Share (Copayment, Coinsurance) You pay for certain Specialty Drugs, <b><u>the reduced amount You pay may be the amount We apply to Your Deductible and/or Out-of-Pocket Limit</u></b> when the Specialty Drug is provided by a Network Provider. Your eligibility to participate in such programs is dependent on the programs' applicable terms and conditions, which may be subject to change from time to time. We may discontinue applying such reduced amounts to Your Cost-Share at any given time.	Anthem BCBS Certificate of Coverage (page 57 of 134)
<b>Molina</b>	Please note, cost-sharing reduction for any prescription drugs obtained by You through <b><u>the use of a discount card or coupon provided by a prescription drug manufacturer will not apply toward any Deductible, or the Annual Out-of-Pocket maximum under Your Plan.</u></b>	Molina Summary of Benefits (page 2 of 6) Molina Evidence of Coverage (page 5 of 107)

- CareSource, Summa, and Paramount are health plans participating in the 2019 Ohio marketplace that are not implementing copay accumulators.

# Ohio (cont.)

Plan	Copay Accumulator Language	Source
<p>Medical Mutual</p> 	<p>The Covered Person is responsible for any Deductible, Copayment, or Coinsurance amounts specified in the Schedule of Benefits. <b>The requirement to pay the applicable cost sharing (Deductible, Copayments or Coinsurance) cannot be waived by a Provider, a Pharmacy or anyone else under any "fee forgiveness," "not out-of-pocket," "discount program," "coupon program" or similar arrangement. Additionally, applicable cost sharing amounts cannot be paid for using funds from a patient assistance program, regardless if the member is receiving such assistance due to financial need from a pharmaceutical manufacturer, government program, or a charitable organization.</b> Pharmaceutical manufacturers may sponsor patient assistance programs (PAPs) that provide financial assistance or drug free products (through in-kind product donations) to low income individuals to augment any existing prescription drug coverage. If you receive any amount from a patient assistance program or if a Provider, a Pharmacy or anyone else waives the required cost sharing (Deductible, Copayments, Coinsurance) for a particular claim, the cost sharing amounts covered by the patient assistance program or waived shall not be considered as true out-of-pocket expenses for Covered Persons, and these amounts shall not apply to Deductibles and/or Out-of-Pocket Maximums.</p>	<p><a href="#">Medical Mutual I Schedule of Benefits (page 43 of 82)</a></p>

# Ohio (cont.)

Plan	Copay Accumulator Language	Source
<p>Oscar</p>	<p>Policy on Third Party Payment of Cost-Sharing and Premium. The Plan only accepts Premium payments from: The Member; The Member's family; or Entities the law requires the Plan to accept Cost-Sharing payments from, which as of the Effective Date currently are: § Ryan White HIV/AIDS programs, § Entities required under title XXVI of the Public Health Service Act, § Indian tribes, tribal organizations and urban Indian organizations; § State and Federal government programs, as described in 45 CFR § 156.1250.</p> <p><b>Cost-Sharing payments from any other party, other than those listed above, will not be applied to Your coverage.</b> Premium payments from any party, other than those listed above, will not be credited to Your account which may result in termination or cancellation of coverage in accordance with the Termination provisions of this Policy.</p> <p><b>We will review all other third-party payments, including payments made by private, not-for-profit foundations, on a case-by-case basis. We may decline to accept third party payments, including payments by third-party individuals, that raise concerns for potential conflicts of interest, adverse selection, or fraud.</b> In its review, We will take into consideration factors, including whether eligibility was based solely on the enrollee's financial status, without consideration of the enrollee's health status, and if assistance is provided for the entire policy year. We will closely review, and reserve the right to decline, all third-party payments from provider-affiliated organizations (including nonprofit organizations affiliated with providers), with which the Federal Department of Health and Human Services has identified various concerns, including the</p>	<p>Oscar Buckeye State Insurance Evidence of Coverage (page 136 of 142)</p>

# Virginia 2019 QHPs

Plan	Copay Accumulator Language	Source
Care First	<p><b>The following amounts may not be used to satisfy the Benefit Period Deductible:</b></p> <ul style="list-style-type: none"> <li>Discounts, coupons, or other amounts from third parties, including manufacturer coupons and discount prescription card programs.</li> </ul> <p><b>The following amounts may not be used to satisfy the Benefit Period Out-of-Pocket Maximum:</b></p> <ul style="list-style-type: none"> <li>Discounts, coupons, or other amounts from third parties, including manufacturer coupons and discount prescription card programs.</li> </ul>	Care First Sample Schedule of Benefits (page 145 and 146 of 169)
Piedmont Community Healthcare	<p>The Member <b>shall not receive credit toward their maximum Out-of-Pocket or Deductible</b> for any Copayment or Coinsurance amounts that are received from a manufacturer coupon. Therefore, <b>only the amount you actually pay for your prescriptions will be applied to your Deductible or maximum Out-of-Pocket when using a non-financial needs based third-party manufacturer copay card</b> (the total amount of financial needs based copay cards may apply to your Deductible or maximum Out-of-Pocket; please check with manufacturer for their requirements). Eligibility for third party copay assistance programs is dependent on the applicable terms and conditions required by that particular manufacturer or its representative.</p>	Piedmont Community Healthcare (page 46 of 101)

• Cigna, Kaiser, Virginia Premier, Anthem HealthKeepers, and Optima are health plans participating in the 2019 Virginia marketplace that are not implementing copay accumulators.